

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Newton

Registration District No. 612

Township Van Buren

Primary Registration District No. 5814

City Newton (No. 1013)

St. Newton Ward 1

2. FULL NAME

(a) Residence, No. Mary Ann Sanbury

St. Newton

Ward 1

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Geo Samuel Sanbury
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1861

7. AGE

YEARS 70

MONTHS 9

DAYS 4

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation L.P.

12. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

FATHER

13. NAME John Wood

14. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Lida Linn

16. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Geo. Reaney

18. BURIAL, CREMATION, OR REMOVAL

PLACE Black Fox DATE Dec 17, 1931

19. UNDERTAKER (ADDRESS) Wm. Stenkel Jr.

20. FILED 12-17-1931

Grace Hudson
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1931

22. I, HEREBY CERTIFY, That I attended deceased from Dec 9, 1931, to Dec 16, 1931

I last saw her alive on Dec 15, 1931 Death is said

to have occurred on the date stated above, at 4:15 P.M.
The principal cause of death and related causes of importance were as follows:

Peritonitis

Date of onset 12/14/31

Other contributory causes of importance:

Cholera, typhoid, gangrene

Name of operation none

Date of Dec 16, 1931

What test confirmed diagnosis? Culture

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury Dec 16, 1931

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. Stenkel Jr.

M. D.

(Address) Black Fox, Mo.

